

QUICK START INSTRUCTIONS

This section provides instructions for using the Duplicate Claims System. You must have the following components to access the system:

- A Duplicate Claims System User ID and password
- A personal computer (PC) with a mouse
- Windows® software
- The Duplicate Claims System loaded on your PC
- Access to the Government's communications network

Quick Start Instructions assumes you are familiar with the PC environment, Windows®, and Health Care Service Record (HCSR) data. Instructions are presented in the following order:

- Entering and Exiting the System
- Setting a View
- Looking for a Claim Set, ICN, or Social Security Account Number
- Identifying a Duplicate Claim
- Resolving a Duplicate Claim Set
- Working with Multi-Contractor Sets
- Creating a Report
- Changing your Password
- Using the HELP system

Before you start, you should ensure that the Duplicate Claims System software is loaded on your PC. To make this determination, you should be able to view the Duplicate Claims System icon in your Windows® Program Manager or desktop.

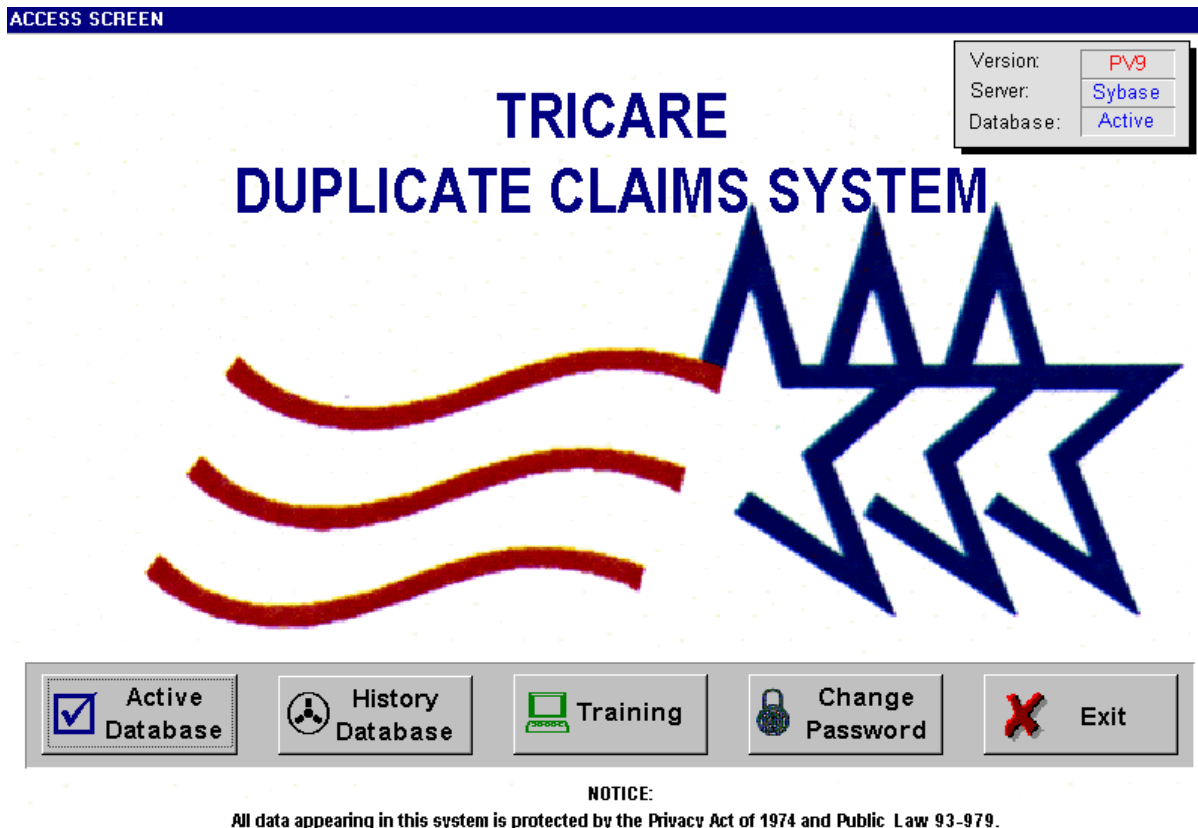
When you click on the Duplicate Claims System icon and enter your User ID and password, the system verifies that your User ID and password are authorized for the Duplicate Claims System. This process also identifies your organization and determines which claim records from the Duplicate Claims Database you can view. For example, if you are associated with Contractor 1, you will have access to Contractor 1 data only. The system uses an **Owner FI** field for each claim set to assign ownership of each set to a specific contractor.

1.0. ENTERING AND EXITING THE DUPLICATE CLAIMS SYSTEM

1.1. To activate the Duplicate Claims System, use your mouse to double-click on the Duplicate Claims System icon. You should now see the TRICARE Duplicate Claims System ACCESS SCREEN shown as [Figure 9-2-1](#). The ACCESS SCREEN provides you with the option of clicking on the **ACTIVE DATABASE OR HISTORY DATABASE** button to activate

the Duplicate Claims System, clicking on the **TRAINING** button to activate the system using your training database, or clicking on the **EXIT** button to go back to Windows®.

FIGURE 9-2-1 ACCESS SCREEN



1.2. If you click on the **CLAIMS** button, you will get the LOGIN SCREEN. This screen allows you to type in your User ID and password. You can see what you type in for your User ID but your password will be hidden.

1.3. Type in your User ID and hit <Enter> or use your mouse to move to the **Password** field; type in your password and use your mouse to click the **OK** button; or you can click **CANCEL** to go back to the ACCESS SCREEN.

1.4. The system will take a few moments to verify your ID and password and identify the claim sets you are eligible to view. While it is doing this, you will see a box with the message: "Accessing Database. Working... Please wait..." When access has been completed, the CLAIM SET SCREEN will appear (Set Tab is active).

1.5. If your ID and password are not accepted by the system, see your system administrator or call the **TMA Help Desk** at 1-303-676-3800.

1.6. To exit the Duplicate Claims System, click on File in the menu bar and click on **Exit** to return to the ACCESS SCREEN. Here you can click the **EXIT** button to return to Windows®.

1.7. To access the training database, click on the **TRAINING** button on the ACCESS SCREEN.

When you log on, you will see the first set associated with your FI/Contractor number. You may move within this set to the CLAIM DETAIL SCREEN or the LINE ITEM DETAIL SCREEN (if the set is a non-institutional set) by clicking on the **Detail** or **Line Item** tab. You may also view the ADJUSTMENT SCREEN if there is an **Adjustment** tab indicating that an adjustment has been processed for one of the claims in the set. (The **Adjustment** tab will only appear when a HCSR adjustment associated with the set has been submitted and accepted and has been loaded to the DCS.)

You also can use the Video Cassette Recorder (VCR) buttons at the bottom of the screen to move to the next set (>), the previous set (<), the first set (|<) or the last set (>|). You can also move to a particular set by clicking on the (#) button.

2.0. SETTING A VIEW

At any time, you can click the **View** function on the menu bar to limit your view to certain categories of claim sets. The View menu, as shown in [Figure 9-2-2](#), allows you to specify a subset of claim sets to view. You can select a subset of claim sets by:

- 2.1.** Status code.
- 2.2.** Institutional or non-institutional sets.
- 2.3.** Sets with or without adjustments.
- 2.4.** Single contractor sets or multi-contractor sets.
- 2.5.** Claim match criteria, e.g., exact match, date overlap, CPT-4 code match.
- 2.6.** Sets within a date range for processed-to-completion date, initial load date, current load date, or last update date.
- 2.7.** Sets belonging to a specific region or a specific contractor.

Sets may be selected by combining various View options. For example, you may request all claim sets with an Open status for Region 6 that meet the exact match criteria.

When you use the **View** function, the system will remind you that you have restricted your view of claim sets by displaying "**A View is Set!**" on the screen. The **View** function also allows you to "**Clear a View**" and return to full access of all your claim sets. If you view claim sets by status, you can view *Open* sets if you want to see the sets that have not been researched enough to determine if a duplicate condition exists. Or you can view *Pending* sets if you want to see the sets that have been researched enough to determine that a duplicate payment was made and recoupment is pending. Or you can view resolved sets if you want to see either *Closed* or *Validate* sets. See [Chapter 9, Section 4, paragraph 3.0.](#), The Claim Set Life Cycle, for additional details about claim set status.

FIGURE 9-2-2 VIEW FUNCTION

Select Data View:

Claim Set Status

☐ All
☐ Open
☐ Pending
☐ Closed
☐ Validate

Claim Type

☐ All
☐ Institutional
☐ Non-Institutional

Date Type

Start End
 mm/dd/yyyy mm/dd/yyyy

Adjustments

☐ All
☐ Non Adjusted
☐ Adjusted

Match Type

☐ All
☐ Exact Match
☐ Near Match
☐ Date Overlap
☐ CPT-4 Match
☐ Other

Set Owner Type

☐ All
☐ Multi FI
☐ Single FI

FI

'All'
 03
 06
 07
 11
 13
 25
 26

Region

3.0. LOOKING FOR A SPECIFIC SET AND MODIFYING SETS

At any time, you can click the **L**ocate function on the menu bar to view a specific set by set number, ICN, or sponsor Social Security Account Number (SSAN). Upon your selection of one of these locate parameters, the system displays the claim set matching the requirements. If an ICN or SSAN was entered, you can go back to the **L**ocate function and see if other sets match the ICN or SSAN. If they do, the Locate **N**ext and/or Locate **P**revious options are displayed. If a previous or next option is not relevant to the ICN or SSAN, these choices are “grayed out” and not available to you.

If a claim appears in more than one claim set, the ICN will be displayed in white characters. You can double-click on the white ICN to view the set(s) in which this same claim appears. You will be prompted to move to the “Next” or “Previous” set, as appropriate.

A short-cut to locating a specific set by set number is provided as a **V**CR button at the bottom of the screen (#). If you wish to locate a specific set by its set number, you can click on the (#) button, enter the number in the pop up window that appears and click on **OK**.

In addition to locating a specific set, you may use the **M**odify function to change the **Owner FI** field of a multi-contractor claim set. (See [Chapter 9, Section 6](#), Multi-Contractor Claim Sets, for more information about how and when you might want to change the **Owner**

FI field.) The **M**odify function also allows you to apply the correct region to a set which has been transferred to you.

The choices available in the **M**odify function maintain data integrity by allowing you to select only those choices that are appropriate to the situation. In other words, the choices available to you in changing the Owner FI of a set include only those Responsible FIs assigned to the claims in that set.

The **M**odify function also has a Government option available to a limited number of TMA users who are authorized to change the status of sets. The system-assigned status of a set will only be overridden by TMA in consult with the applicable contractor.

4.0. IDENTIFYING A DUPLICATE CLAIM

When you view a claim set, you should understand that every claim set contains potential duplicate claims, i.e., two or more payments made for services for the same beneficiary on the same dates of service. If you refer to [Chapter 9, Section 3](#), Duplicate Claims Data, you will see the criteria used to select potential duplicate claims. The type of match criteria used to select potential duplicate claims ranges from an "Exact" match in which 14 fields are the same, to an "Other" match in which five fields are the same.

You can view these fields and others in the CLAIM DETAIL SCREEN and LINE ITEM DETAIL SCREEN (non-institutional claims only) to initiate the research process. Note that institutional claims are matched at the claim level and non-institutional claims are matched at the line item level. You can print out the data as they appear on these screens by accessing the **F**ile function on the menu bar and clicking **P**rint. You will need to conduct your research on your proprietary claims processing system and pull claim copies, when necessary to comply with other contract requirements (e.g., duplicate prevention requirements, recoupments, etc.), to determine if an actual duplicate payment was made.

5.0. RESOLVING A DUPLICATE CLAIM SET

To resolve a claim set, you must:

- conduct research
- determine the amount of overpayment, if any
- initiate recoupment action, if required
- record actual refunds/offsets received, if any
- submit HCSR adjustments, where required and
- apply any HCSR adjustments loaded to the DCS.

5.1. Steps Of Resolution

To resolve a claim set, you must enter data in at least two fields for sets involving no duplicate overpayments and up to five fields for sets containing actual duplicate overpayments. (You may also enter data into three additional, optional fields if the Managed Care Support contractor finds this optional data valuable.) Note, you may be prompted to type in an explanation for the data you enter. This is explained below.

5.1.1. On the CLAIM SET SCREEN, you may enter a 'Y' in the **Dupe?** field of a claim to identify it as a duplicate payment or you may enter a 'N' in the **Dupe?** field of a claim to identify it as a non-duplicate payment.

5.1.2. For each 'Y' or 'N' you enter on a claim-level line, you must select a valid reason code to explain why the claim is a duplicate or non-duplicate. Some reason codes also require a free-text explanation.

5.1.3. For each 'Y' claim you identify as a duplicate payment you must enter an identified amount for recoupment.

5.1.4. For each 'Y' claim you identify as a duplicate payment, you may enter an amount actually recouped.

5.1.5. On the ADJUSTMENT SCREEN, you may identify the HCSR adjustment transaction that corrects the duplicate condition in the HCSR database by entering a 'Y' in the **HCSR Adjust?** field of the adjustment displayed for the duplicate claim.

You can resolve a duplicate claim set in one of three ways:

- You can indicate that no duplicate condition exists, enter a 'N' in the **Dupe?** field of all non-BASE claims, provide a non-duplicate reason code, and click the **RESOLVE THE SET** button to resolve the set and change the status to *Closed*.
- You can indicate that one claim is a duplicate, enter a 'Y' in the **Dupe?** field, enter the amount identified for recoupment, enter the amount actually recouped, flag the appropriate HCSR adjustment that corrects the duplicate condition in the HCSR database, and click the **RESOLVE THE SET** button to resolve the set and change the status to *Closed*.
- You can indicate that one claim is a duplicate, enter a 'Y' in the **Dupe?** field, enter the amount identified for recoupment, show that the amount actually recouped is less than the amount identified for recoupment, flag the HCSR adjustment (if any), click the **RESOLVE THE SET** button to resolve the set, enter an explanation for the lesser amount recouped, and allow the system to change the status to *Validate*.

You can invoke the system's rules of resolution to resolve claim sets by clicking the **RESOLVE THE SET** button. When the **RESOLVE THE SET** button is clicked, the rules of resolution are invoked and the system determines if the set can be moved from *Open/Pending* to *Closed/Validate*. The end result of the status depends on the conditions in the set.

5.2. Rules Of Resolution

RULE 1: All claims in the set must have 'Y' or 'N' in the **Dupe?** field and a corresponding reason code.

RULE 2: There must be one claim that is labeled the BASE claim. This claim must have a 'N' in the **Dupe?** field.

RULE 3: All 'Y' claims must have an amount identified for recoupment greater than \$0.00. When the first three rules are met, the status of the set changes to *Pending*.

RULE 4: If one or more actual duplicates are identified, but no amount can be recouped, the set can be resolved to a status of *Validate* if an explanation is provided.

RULE 5: If one or more actual duplicates are identified but the full amount identified for recoupment cannot be recouped, (i.e., the actual recoupment amount is less than the identified amount for recoupment), the set can be resolved to a status of *Validate* if the total HCSR adjustment amounts reflect the partial recoupment amount and an explanation for the reason the full amount could not be recouped is provided.

RULE 6: If one or more actual duplicates are identified but the amount actually recouped is \$10.00 or less and the contractor does not intend to submit a HCSR adjustment for \$10.00 or less for the refund/offset, the system will permit the set to be resolved to a *Validate* status provided that an explanation is entered.

RULE 7: If one or more actual duplicates are identified and the total amount identified for recoupment equals the total amount actually recouped and the total HCSR Adjust Amount is greater than or equal to the total actual recoupment amount, the set can be resolved. The Duplicate Claims System assumes that every duplicate non-institutional claim has corresponding HCSR adjustments for every line item identified in the DCS as a potential duplicate. If one or more line items of a non-institutional claim are determined to be non-duplicates, corresponding HCSR adjustments will not be submitted and the system will not allow the set to be resolved to a *Closed* status. It will allow the set to be resolved to a *Validate* status, provided that an explanation is entered. Resolution results depend on the following conditions:

5.2.1. If there is a corresponding HCSR adjustment for each institutional claim or each non-institutional line item in each claim identified as an actual duplicate, the set can be resolved to a *Closed* status without any explanation.

5.2.2. If there is not a corresponding HCSR adjustment for each institutional claim identified as an actual duplicate, the set can be resolved to a *Validate* status with an explanation for the reason corresponding adjustments were not submitted.

5.2.3. If a non-institutional claim set contains a non-duplicate line item, the system will recognize that adjustments have not been flagged for all of the identified line items. In this situation, the user can explain that one or more of the line items was not a duplicate and the set can be resolved to a *Validate* status.

RULE 8: If all claims in the claim set have an 'N' in the **Dupe?** field, a valid 'N' reason code, \$0.00 in the amount identified for recoupment and in the amount actually recouped for each claim, the set can be resolved to a *Closed* status. Some reason codes may require an explanation.

RULE 9: To resolve a claim set and change its status to *Closed* or *Validate*, the user must click the **RESOLVE THE SET** button. If the rules of resolution that apply to changing the status of a set from *Open/Pending* to *Closed/Validate* are met, the status of the set will be changed. If the rules of resolution are not met, the status of the set will not be changed.

RULE 10: The user can click the **UPDATE CHANGES** button to change the status of a claim set from *Open* to *Pending* or from *Pending* to *Open*. If the rules of resolution are not met, the status of the set will not be changed.

RULE 11: The user can leave a set and allow the system to automatically update the database and invoke the rules of resolution for changing the status from *Open* to *Pending* or from *Pending* to *Open*. If the rules of resolution are not met, the status of the set will not be changed.

The rules of resolution delineated above are overruled in two situations:

- In multi-contractor sets, the system ignores the claims in the set in which the Owner FI is not the Responsible FI, except for the BASE claim. It allows an Owner FI to move a set to a *Pending* status if there is one BASE claim and all the Owner FI's claims meet the general conditions for *Pending*. That is: all Owner FI claims must have a **Dupe?** field entry and a reason code, there must be one 'Y' claim, and every 'Y' claim must have an identified recoupment amount greater than \$0.00. See [Chapter 9, Section 6, paragraph 2.0.](#), System Features Unique to Multi-Contractor Claim Sets, for additional details.
- When a single contractor set is appended with a new claim, the status of the set becomes *Open*. When a multi-contractor set in *Open* status is appended with a new claim, the status of the set remains *Open*. When a multi-contractor set in *Pending* status is appended, the status of the set remains *Pending*. When a multi-contractor set in *Closed* status is appended, the status of the set is changed to *Open*. When a multi-contractor set in *Validate* status is appended, the status of the set is changed to *Pending*. See [Chapter 9, Section 4, paragraph 5.0.](#), Appending New Claims to Existing Sets During the Monthly Extract Cycle, for additional details.

5.3. The RESOLVE THE SET, UPDATE CHANGES, And UNRESOLVE THE SET Buttons

The **RESOLVE THE SET** button and the **UPDATE CHANGES** button perform different resolution functions:

5.3.1. If you want to invoke the rules of resolution to see if the status of a set can be changed from *Open* to *Pending* or *Pending* to *Open*, you must use the **UPDATE CHANGES** button.

5.3.2. If you want to invoke the rules of resolution to see if the status of a set can be resolved to a *Closed* or *Validate* status, you must use the **RESOLVE THE SET** button.

5.3.3. You cannot resolve a set to *Closed* or *Validate* status with the **UPDATE CHANGES** button.

5.3.4. If you use the **RESOLVE THE SET** button, the system will invoke the rules of resolution to determine if the status of the set can be changed to *Closed* or *Validate*. If neither of these conditions are met, the system will explain why the set cannot be resolved and will maintain the current status, i.e., *Open* or *Pending*.

If you move to another set after you have entered data on a set with an *Open* status, the system will automatically update the database with this new data and determine if the set meets the conditions for a *Pending* status. The change in status, if appropriate, will be made automatically, just as if you clicked the **UPDATE CHANGES** button. Similarly, a *Pending* status will be changed to *Open* status if the rules dictate the set no longer meets the conditions for a *Pending* status. Note, however, that even if the set meets the conditions for a *Closed* or *Validate* status, this change will not be made automatically by the system. You must use the **RESOLVE THE SET** button to change the status of a set to *Closed* or *Validate*.

The **UPDATE CHANGES** button appears on the screen whenever you enter data. It alerts you to the fact that you have entered new data but this data has not been committed to the Duplicate Claims Database. When you click the **UPDATE CHANGES** button, you will be prompted to click on one of the following:

- ‘Yes’ to commit the changes to the database
- ‘No’ to rollback all the changes just made
- ‘Cancel’ to terminate the update function and return to the previous screen

If you choose to commit the changes to the database, logic will be invoked to determine if the changes meet the rules of resolution for changing the status of the set from *Open* to *Pending* or from *Pending* to *Open*.

If you choose to rollback the changes just made, the screen will be reset to the way it was the last time the database was updated.

If you choose to cancel the operation, the update will not occur and you will be back on the screen with the changes displayed but not committed to the database.

The **RESOLVE THE SET** button changes to an **UNRESOLVE THE SET** button when a claim set has been resolved and its status changed to *Closed* or *Validate*. New cannot be entered into a set in *Closed* or *Validate* status. If you want to change data in a *Closed* or *Validate* set, you must first unresolve the set by clicking the **UNRESOLVE THE SET** button, which automatically changes the status of the set to *Pending* or *Open*.

In the Duplicate Claims System *Open* and *Pending* are “working” statuses and *Closed* and *Validate* are “resolved” statuses. New data can be entered or changes to data can be made only to sets in a “working” status.

The **RESOLVE THE SET** and **UPDATE CHANGES** buttons described above allow you to take definitive action to resolve and update a claim set. The system also has several default functions to manage these processes when you enter new data and do not click the **UPDATE CHANGES** button. In other words, if you leave the claim set after entering data by one of the methods listed below, the system assumes you forgot to click the **UPDATE CHANGES** button, and will do it for you. It also assumes you want to update the

claim set with the data you entered. In updating this data, the system invokes the rules of resolution to determine if the claim set meets the rules of resolution for changing the status of the set from *Open* to *Pending* or from *Pending* to *Open*. These actions will be triggered when you leave the claim set by one of the following methods:

- Click on one of the **VCR** movement buttons to move to the first, next, previous, or last claim set
- Click on the **V**iew or **L**ocate menu bar function to move to a different claim set specified by the **V**iew or **L**ocate criteria
- Click on the (#) VCR movement button to move to the claim set you specify
- Exit from the Duplicate Claims System

Be aware, however, that there is no default function for changing the claim set status to *Closed* or *Validate*. The only way a claim set can be fully resolved and the status changed to *Closed* or *Validate* is by clicking the **RESOLVE THE SET** button.

6.0. WORKING WITH MULTI-CONTRACTOR SETS

The important thing to remember when working with multi-contractor sets is that in every multi-contractor set, one or more jurisdictional errors were committed. One or more claims were paid by a contractor who did not have jurisdiction to do so. There must be at least one 'Y' claim in every multi-contractor set. If you are the Owner FI, you can view the set and enter data to try and resolve the set. If you are not the Owner FI but paid one of the claims in the set, you will not be able to view the set and, therefore, will not know that a jurisdictional error has been made until the Owner FI contacts you.

The system designates the contractor who processed the latest claim as the Owner FI. If, after the two contractors discuss the jurisdictional facts, the other contractor (not the Owner FI) is the one responsible for the jurisdictional error, the current Owner FI should enter 'N' in the **Dupe?** field and a reason code, including BASE, if appropriate, for its claim, then change the **Owner FI** field to the other contractor by clicking the **M**odify function on the menu bar and selecting the Owner FI option. The contractor who processed the other claim in the set will be displayed so that you can click on this contractor and change the **Owner FI** field to the other contractor. You will be required to document that you discussed this change in ownership with the other contractor and received approval to make the transfer. See [Chapter 9, Section 6](#), Multi-Contractor Claim Sets for additional details.

7.0. CREATING A REPORT

You can click on the **R**eport function of the menu bar at any time to generate a report. You have a choice of report formats and selection parameters from which to choose the layout and content of the report. For each report type, e.g., set reports, claim reports, summary/management reports, and graphs, you will be prompted to either select subsets within this report type (if applicable) or you will be shown the Report Parameter Screen that looks similar to the **V**iew function screen. The Report Parameter Screen enables you to select

the claim types and set types that will be included in the report. See [Chapter 9, Section 8, Reports](#), for more details about using the **R**eport function.

8.0. CHANGING YOUR PASSWORD

You can change your password at any time. Just click on the **U**tility function of the menu bar and follow the prompts. Passwords must have at least eight characters and use all four character types, that is, Uppercase, Lowercase, Numbers, and Special Characters [! @ # \$ % ^ &].

9.0. USING THE HELP SYSTEM

Click on the **H**elp function on the menu bar to activate the HELP system. This system provides a walk through of the system and explains the claims resolution process.

If you need additional assistance beyond the HELP system and this chapter of the TRICARE Operations Manual, you can call:

the TMA Customer Assistance Center: 1-303-676-3800.

